

U.S. House of Representatives  
Committee on EthicsOFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

## MEMBER / OFFICER POST-TRAVEL DISCLOSURE FORM

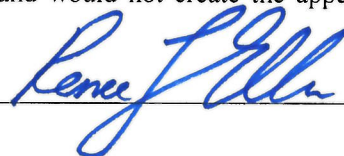
This form is for disclosing the receipt of travel expenses from a private source for travel taken in connection with a Member or officer's official duties. This form does not eliminate the need to report privately-funded travel on the Member or officer's annual Financial Disclosure Statement. In accordance with House Rule 25, clause 5, you must **complete this form and file it with the Clerk of the House, 135 Cannon House Office Building, within 15 days after travel is completed.** Please do not file this form with the Committee on Ethics.

**NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.**

1. Name of Traveler: Renee Ellmers
2. a. Name of accompanying relative: \_\_\_\_\_ or None ☐  
 b. Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): \_\_\_\_\_
3. a. Dates of departure and return: Departure: 2/16/15 Return: 2/19/15  
 b. Dates at personal expense: \_\_\_\_\_ or None ☐
4. Departure city: Raleigh, NC Destination: Guatemala City, Return city: Raleigh, NC
5. Sponsor(s) (who paid for the trip): Cooperative for Assistance and Relief Everywhere, INC
6. Describe meetings and events attended (attach additional pages if necessary): Meetings and events attended  
focused on maternal health, food and nutrition security, agricultural development.
7. Attached to this form are EACH of the following (*signify that each item is attached by checking the corresponding box*):
  - a. ☒ a completed Sponsor Post-Travel Disclosure Form;
  - b. ☒ the Primary Trip Sponsor Form completed by the trip sponsor prior to the trip, including all attachments and Grantmaking or Non-Grantmaking Sponsor Forms;
  - c. ☒ page 2 of the completed Traveler Form submitted by the Member or officer; *and*
  - d. ☒ the letter from the Committee on Ethics approving my participation on this trip.
8. a. I represent that I participated in each of the activities reflected in the sponsor's agenda. (*Signify that statement is true by checking box*): ☒  
 b. If not, explain: \_\_\_\_\_

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses on the attached Sponsor Post-Travel Disclosure Form were necessary and that the travel was in connection with my duties as a Member or officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER:



DATE:

3/3/15

U.S. House of Representatives  
Committee on Ethics

## SPONSOR POST-TRAVEL DISCLOSURE FORM

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. ***A completed copy of the form must be provided to each House Member, officer, or employee who participated on the trip within 10 days of their return.*** You must answer all questions, and check all boxes, on this form for your submission to comply with House rules and the Committee's travel regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

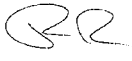
**NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.**

1. Sponsor(s) (who paid for the trip): Cooperative for Assistance and Relief Everywhere, Inc. (CARE)
2. Travel Destination(s): Guatemala
3. Date of Departure: February 16, 2015 Date of Return: February 19, 2015
4. Name(s) of Traveler(s): Renee Ellmers  
(NOTE: You may list more than one traveler on a form only if all information is identical for each person listed.)
5. **Actual amount** of expenses paid on behalf of, or reimbursed to, each individual named in response to Question 4:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Other Expenses (dollar amount per item and description)
Traveler	\$2,182	\$580	\$255	\$798 (See Addendum A)
Accompanying Relative				

6. All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. (Signify statement is true by checking box): ☒

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: 

Name: Robert Roche Title: Deputy Director, Learning Tours

Organization: Cooperative for Assistance and Relief Everywhere, Inc. (CARE)

I am an officer of the above-named organization (signify statement is true by checking box): ☒

Address: 1825 I Street, NW, Suite 301

Washington, DC 20006

Telephone number: 202-595-2805

Email Address: rroche@care.org

*Committee staff may contact the above-named individual if additional information is required.*

If you have questions regarding your completion of this form, please contact the Committee on Ethics at (202) 225-7103.

**Addendum A**

U.S. House of Representatives  
Committee on Ethics  
SPONSOR POST-TRAVEL DISCLOSURE FORM

**Other expenses:**

Interpreters: \$106

Security: \$622

Insurance: \$70.50

Total: \$798

**U.S. House of Representatives  
Committee on Ethics**

**TRAVELER FORM**

1. Name of Traveler: Renee Ellmers
2. Sponsor(s) (who will be paying for the trip): Cooperative for Assistance and Relief Everywhere, Inc.
3. Travel destination(s): Guatemala City, Guatemala
4. a. Date of departure 2/16/15 Date of return: 2/19/15  
b. Will you be extending the trip at your personal expense? ☐ Yes ☒ No  
If yes, dates at personal expense: \_\_\_\_\_
5. a. Will you be accompanied by a relative at the sponsor's expense? ☐ Yes ☒ No  
b. If yes:  
(1) Name of accompanying relative: \_\_\_\_\_  
(2) Relationship to traveler: ☐ Spouse ☐ Child ☐ Other (specify): \_\_\_\_\_  
(3) Accompanying relative is at least 18 years of age: ☐ Yes ☐ No
6. a. Did the trip sponsor answer "yes" to Question 9(d) on the Primary Trip Sponsor Form (*i.e.*, travel is sponsored by an entity that employs a registered federal lobbyist or foreign agent and you are requesting lodging for two nights)? ☐ Yes ☒ No  
b. If yes, explain why the second night of lodging is warranted:  
\_\_\_\_\_  
\_\_\_\_\_
7. Primary Trip Sponsor Form is attached, including agenda, invitee list, and any other attachments and contributing sponsor forms: ☒ Yes ☐ No  
NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.
8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. Staff should include their job title and how the activities on the itinerary relate to their duties.  
As a member of the E and C health subcommittee, it is important Rep. Ellmers sees maternal, newborn and child health developments in Guatemala.
9. Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, and/or arranging the trip? ☐ Yes ☒ No

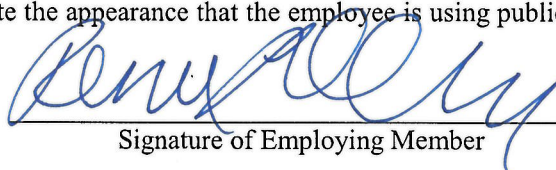
10. **FOR STAFF TRAVELERS:**

**TO BE COMPLETED BY YOUR EMPLOYING MEMBER:**

**ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL**

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Date: 1/15/15

  
\_\_\_\_\_  
Signature of Employing Member

**U.S. House of Representatives  
Committee on Ethics**

**PRIMARY TRIP SPONSOR FORM**

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a Traveler Form at least 30 days before the start date of the trip. The trip sponsor should NOT submit the form directly to the Committee. The Committee Web site (ethics.house.gov) provides detailed instructions for filling out the form.

**NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.**

1. Sponsor (who will be paying for the trip): \_\_\_\_\_  
Cooperative for Assistance and Relief Everywhere, Inc. (CARE)
2. I represent that the trip will not be financed (in whole or in part) by a registered federal lobbyist or foreign agent (signify that the statement is true by checking box): ☒
3. Check only one: I represent that:
  - a. the primary trip sponsor has not accepted from any other source funds intended directly or indirectly to finance any aspect of the trip ☐ or
  - b. the trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds ☐ or.
  - c. the primary trip sponsor has accepted funds from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities. ☒If "c" is checked, list the names of the additional sponsors: \_\_\_\_\_  
The Bill & Melinda Gates Foundation
4. Provide names and titles of ALL House Members and employees you are inviting. For each House invitee, provide an explanation of why the individual was invited (include additional pages if necessary):  
See Addendum A.
5. Is travel being offered to an accompanying relative of the House invitee(s)? ☒ Yes ☐ No
6. Date of departure: February 16, 2015 Date of return: February 19, 2015
7.
  - a. City of departure: Raleigh, North Carolina
  - b. Destination(s): Guatemala City, Guatemala
  - c. City of return: Raleigh, North Carolina
8. I represent that (check one of the following):
  - a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☐ or
  - b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: ☒ or
  - c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event and lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations. ☐
9. Check one of the following:
  - a. I checked 8(a) or (b) above: ☒
  - b. I checked 8(c) above but am not offering any lodging: ☐
  - c. I checked 8(c) above and am offering lodging and meals for one night: ☐ or
  - d. I checked 8(c) above and am offering lodging and meals for two nights: ☐If "d" is checked, explain why the second night of lodging is warranted: \_\_\_\_\_

10. Attached is a detailed agenda of the activities the House invitees will be participating in during the travel (*i.e.*, an hourly description of planned activities for trip invitees) (*indicate agenda is attached by checking box*): ☒
11. Check one:
- a. I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (*signify that the statement is true by checking box*): ☒ or
- b. N/A – trip sponsor is a U.S. institution of higher education. ☐
12. For each sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip and its role in organizing and/or conducting the trip:

CARE is host to the delegation and is responsible for the logistics and content of the trip.

13. Answer parts a and b. Answer part c if necessary.

- a. Mode of travel: Air ☒ Rail ☐ Bus ☐ Car ☒ Other ☐ (Specify: \_\_\_\_\_)
- b. Class of travel: Coach ☐ Business ☒ First ☐ Charter ☒ Other ☐ (Specify: \_\_\_\_\_)
- c. If travel will be first class or by chartered or private aircraft, explain why such travel is warranted:  
See Addendum C.

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (*signify that the statement is true by checking box*): ☒

15. I represent that either (*check one of the following*):

- a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☐ or
- b. The trip involves events that are arranged specifically *with regard* to congressional participation: ☒

If "b" is checked:

- 1) Detail the cost per day of meals (approximate cost may be provided): \_\_\_\_\_  
Meal costs will comply with the U.S. Government per diem rates of \$92/day in Guatemala City.
- 2) Provide reason for selecting the location of the event or trip: \_\_\_\_\_  
The U.S. Government is an important development partner in Guatemala, sharing an interest in cross-cutting programs to address maternal, newborn and child health issues in Guatemala.

16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:

Hotel name: Intercontinental Hotel City: Guatemala City Cost per night: \$145  
Reason(s) for selecting: The hotel offers western accommodations with ample security for the trip's activities.

Hotel name: \_\_\_\_\_ City: \_\_\_\_\_ Cost per night: \_\_\_\_\_  
Reason(s) for selecting: \_\_\_\_\_

Hotel name: \_\_\_\_\_ City: \_\_\_\_\_ Cost per night: \_\_\_\_\_  
Reason(s) for selecting: \_\_\_\_\_

17. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. (signify that the statement is true by checking box): ☒

18. TOTAL EXPENSES FOR EACH PARTICIPANT:

<input type="checkbox"/> actual amounts <input checked="" type="checkbox"/> good faith estimates	Total <i>Transportation</i> Expenses per Participant	Total <i>Lodging</i> Expenses per Participant	Total <i>Meal</i> Expenses per Participant
For each Member, Officer, or employee	\$2,069	\$580	\$368
For each accompanying relative	\$2,069	\$580	\$368

	<i>Other</i> Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or employee	\$721	Security, interpreters, insurance
For each accompanying relative	\$721	Security, interpreters, insurance

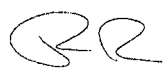
**NOTE: Willful or knowing misrepresentations on this form  
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19. Check one:

- a. I certify that I am an officer of the organization listed below. ☒ *or*  
b. N/A – sponsor is an individual or a U.S. institution of higher education. ☐

20. I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip. ☒

21. I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: 

Name: Robert Roche

Title: Deputy Director, Learning Tours

Organization: Cooperative for Assistance and Relief Everywhere, Inc. (CARE)

Address: 1825 I Street, NW, Suite 301, Washington, DC 20006

Telephone number: 202-550-6535

Email address: rroche@care.org

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Ethics  
U.S. House of Representatives  
1015 Longworth House Office Building  
Washington, DC 20515  
(202) 225-7103 (phone)  
(202) 225-7392 (general fax)



U.S. House of Representatives  
Committee on Ethics

GRANTMAKING TRIP SPONSOR FORM

This form should be completed by a public charity or private foundation (both as defined under section 501(c)(3) of the Internal Revenue Code) that provides a grant of funds to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. Provide a copy of your completed form to the primary sponsor of the trip.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.

1. I certify that (name of your organization): The Bill & Melinda Gates Foundation  
has been designated a § 501(c)(3) nonprofit charitable organization by the Internal Revenue Service.  
☒ Yes ☐ No
2. Name of Primary Trip Sponsor: Cooperative for Assistance & Relief Everywhere, Inc. (CARE)
3. I certify that my organization (complete a or b):
  - a. ☒ Has provided a grant, gift, or donation to the above-named Primary Trip Sponsor and conducts an audit or review of its grant, gift, or donation to ensure that the funds are spent in accordance with the terms of its grant, gift, or donation. or
  - b. ☐ Has had a direct role in the organizing, planning, or conducting of a trip to  
(destination) \_\_\_\_\_ on (date) \_\_\_\_\_ that is  
being organized or arranged by the above-named Primary Trip Sponsor.
4. Check one:
  - a. ☒ My organization does not employ or retain a registered federal lobbyist or foreign agent or
  - b. ☐ My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was *de minimis* under the travel regulations.
5. I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip. ☒
6. I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Katy M. Bilton

Name: Katy Bilton

Title: Sen. Gov't Rel. officer

Organization: The Bill & Melinda Gates Foundation

Address: 1300 I St. NW

Washington, DC 20005

Telephone number: 202-662-8189

Email: Katy.bilton@gatesfoundation.org

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Ethics  
U.S. House of Representatives  
1015 Longworth House Office Building  
Washington, DC 20515  
(202) 225-7103 (phone)  
(202) 225-7392 (general fax)



# U.S. House of Representatives

COMMITTEE ON ETHICS

Washington, DC 20515

February 4, 2015

The Honorable Renee Ellmers  
U.S. House of Representatives  
1210 Longworth House Office Building  
Washington, DC 20515

Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Guatemala, scheduled for February 16 to 19, 2015, sponsored by the Cooperative for Assistance and Relief Everywhere, Inc. (CARE), with financial support from the Bill and Melinda Gates Foundation.

You must complete a Member/Officer Post-Travel Disclosure Form and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. You must also report all travel expenses totaling more than \$375 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

Because the trip may involve meetings with foreign government representatives, we note that House Members may accept, under the Foreign Gifts and Decorations Act (FGDA), gifts "of minimal value [currently \$375] tendered as a souvenir or mark of courtesy" by a foreign government. Any tangible gifts valued in excess of minimal value received from a foreign government must, within 60 days of acceptance, be disclosed on a Form for Disclosing Gifts from Foreign Governments and either turned over to the Clerk of the House, or, with the written approval of the Committee, retained for official use.

The Honorable Renee Ellmers

Page 2

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

A handwritten signature in blue ink, appearing to read "Charles W. Dent". The signature is stylized with large, bold letters and a prominent "D" at the end.

Charles W. Dent  
Chairman

A handwritten signature in blue ink, appearing to read "Linda T. Sanchez". The signature is written in a cursive, flowing style.

Linda T. Sanchez  
Ranking Member

CWD/LTS:wfs

## Agenda

Guatemala, February 2015

### **Monday, February 16, 2015**

### **Travel Day/Guatemala City, Guatemala**

- 11:50am CARE delegation arrives to Guatemala City
- 3:30pm Welcome Briefing  
Location: Intercontinental Hotel
- Introductions
  - Security brief
  - Review learning objectives for the trip
- 4:30-6:00pm Scene-Setter Briefing (Presenters: CARE, USAID, UN Agency)  
Location: El Portal del Angel Restaurant
- 6:00-8:30pm Reception with U.S. Mission and Key Leaders  
Location: El Portal del Angel Restaurant
- 8:30-9:00pm Transfer to Intercontinental Hotel

*Overnight: Intercontinental Hotel – Guatemala City, Guatemala*

### **Tuesday, February 17, 2015**

### **Quetzaltenango, Guatemala**

Breakfast on own

- 8:30-8:45am Transfer to Airport
- 8:45-9:00am Check-in at Airport
- 9:00-9:45am Charter Plane to Western Highlands, Quetzaltenango
- 9:45-10:30am Transfer to Site Visit 1 with briefing in vehicles
- 10:30-11:30am Site Visit 1: Meet with Community Mobilizers (“Promotores”)
- 11:30-2:00pm Transfer to Site Visit 2 with briefing in vehicles  
Note: box lunches
- 2:00-3:30pm Site Visit 2: Meet with Community Health Workers & Families
- 3:30-4:15pm Transfer to Quetzaltenango Airport
- 4:15-4:30pm Charter plane to Guatemala City
- 4:30-5:00pm Transfer to Intercontinental Hotel

5:00-7:00pm	Downtime
7:00-7:30pm	Transfer to Dinner
7:30-9:00pm	Dinner with Influential Guatemalan Women Location: Pecorino Restaurant
9:00-9:30pm	Transfer to Intercontinental Hotel
<i>Overnight:</i>	<i>Intercontinental Hotel – Guatemala City, Guatemala</i>

### **Wednesday, February 18, 2015**

### **Alta Verapaz, Guatemala**

Breakfast on own

8:30-8:45am	Transfer to Airport
8:45-9:00am	Check-in at the Airport
9:30-10:30am	Charter plane to Alta Verapaz Department
10:30-11:00am	Transfer to Site Visit 1 with briefing in vehicles
10:30-11:30am	Site Visit 1: Cobán Regional Hospital
11:30-12:15pm	Transfer to Site Visit 2
12:15-2:00pm	Site Visit 2: Rural Family Planning Program Note: Box lunches during briefing
2:00-3:00pm	Transfer to Site Visit 3
3:00-4:30pm	Site Visit 3: Girls' Empowerment Program
4:30-5:30pm	Transfer to the Airport
5:30-6:30pm	Charter plane to Guatemala City
6:30-7:00pm	Transfer to Intercontinental Hotel
7:30-9:00pm	Dinner with structured program Location: Azahar Restaurant
<i>Overnight:</i>	<i>Intercontinental Hotel – Guatemala City, Guatemala</i>

**Thursday, February 19, 2015**

**Guatemala City, Guatemala/Travel Day**

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9:30-10:00am      Transfer to Meeting with the Vice Minister of Health

10:00-11:00am      Site Visit 1: High Level Government Meeting

11:00am-11:30pm      Transfer to Closing Lunch

11:30am-12:30pm      Closing Lunch  
Location: Cristina de Barcelona Restaurant

12:30-1:00pm      Transfer to Airport

3:53pm      Departure flight to the U.S.